

Office of Vermont Health Access

Agency of Human Services

OVHA Pharmacy Programs (other coverage guidelines apply for Part D and ESI wrap plans and OTC coverage)

Plan	Benefit	Potential Beneficiaries	Income Limit	Resource Limit	Monthly Premium	Beneficiary Copayment	Coinsurance
Vermont Medicaid / VHAP / Dr. Dynasaur (Covers inpatient and outpatient health care and pharmacy)	Medicaid Covered Drugs		VHAP: up to 185% of FPL Dr. Dynasaur: up to 300% of FPL	Applies only to Medicaid	Medicaid: None VHAP: \$7 - \$49	Medicaid: \$1, \$2 and \$3, depending on cost of drug. VHAP: \$25 for ER visits Dr. Dynasaur: no copayments. In addition, beneficiaries through age 20, nursing home residents and pregnant woman are excluded from paying copayments.	None
VHAP Pharmacy (A pharmacy-benefit only program)	Medicaid covered drugs	Aged / disabled with no Medicare coverage and no pharmacy coverage	= 150% of the FPL</td <td>None</td> <td>\$15 per person</td> <td>None</td> <td>None</td>	None	\$15 per person	None	None
VHAP Limited	Medicaid covered drugs	Limited and temporary coverage until member enrolls in VHAP PC Plus.	See VHAP.	See VHAP.	See VHAP.	See VHAP.	See VHAP.
Vscript (A pharmacy-benefit only program)	Medicaid covered maintenance drugs	Aged / disabled with no Medicare coverage and no pharmacy coverage	>150% but = 175% of the FPL</td <td>None</td> <td>\$20 per person</td> <td>None</td> <td>None</td>	None	\$20 per person	None	None
VScript Expanded (A pharmacy-benefit only program)	Medicaid covered maintenance drugs from manufacturers with a current Vermont Supplemental Rebate Agreement		>175% but = 225% of the<br FPL	None	\$42.00 per person	None	None

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						Beneficiary pays the state's	
		Aged / disabled and others				rate for drugs	
Healthy Vermonters (A		with no pharmacy coverage	Aged or disabled: up to				
pharmacy-benefit only	Beneficiary pays the state's rate	or coverage with an annual	400% of the FPL; others:				
program)	for Medicaid covered drugs	limit that has been met	up to 350% of the FPL	None	None at this time		None